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Bib Data Sheet

SERIAL NUMBER 09/711,279	FILING DATE 11/10/2000 RULE _	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. ERC-DATA
APPLICANTS Peter I. Clarke, Stamford, CT ; Paul L. Rathblott, New Canaan, CT ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/16/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CT	SHEETS DRAWING 9	TOTAL CLAIMS 12
INDEPENDENT CLAIMS 2				
ADDRESS 545				
TITLE Employment sourcing system				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6853

SERIAL NUMBER 09/711,279	FILING DATE 11/10/2000 RULE	CLASS 705	GROUP ART UNIT 3622	ATTORNEY DOCKET NO. ERC-DATA
APPLICANTS Peter I. Clarke, Stamford, CT; Paul L. Rathblott, New Canaan, CT;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/16/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 9	TOTAL CLAIMS 12
INDEPENDENT CLAIMS 2				
ADDRESS 545 ROGER PITT KIRKPATRICK & LOCKHART NICHOLSON GRAHAM LLP 599 LEXINGTON AVENUE 33RD FLOOR NEW YORK , NY 10022-6030				
TITLE Employment sourcing system				
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	

355		<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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